

TRANSMITTAL LETTER

P99600040068

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-04/28/99--01059--016
*****78.75 *****78.75

SUBJECT:

Mes Amis & Company, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Cathryn L. Ramus

Name (Printed or typed)

265 Seminole Ave

Address

Palm Bch. FL. 33480

City, State & Zip

561-832-1687

Daytime Telephone number

FILED
99 APR 28 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T. SMITH MAY 04 1999

ARTICLES OF INCORPORATION

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ARTICLE I

The name of the Corporation shall be Mes Amis & Company.

ARTICLE II

The principal place of business and mailing address of this Corporation shall be 1600 South Dixie Highway, West Palm Beach, Florida 33401.

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000.

ARTICLE IV

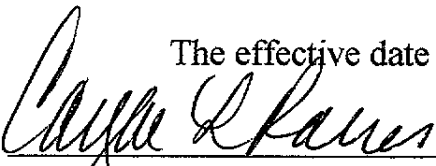
The name of Florida street address of the initial registered agent is Cathryn L. Ramus, 265 Seminole Avenue, Palm Beach, Florida 33480.

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are: Cathryn L. Ramus, 265 Seminole Avenue, Palm Beach, Florida 33480.

ARTICLE VI

The effective date of this corporation is April 13, 1999.

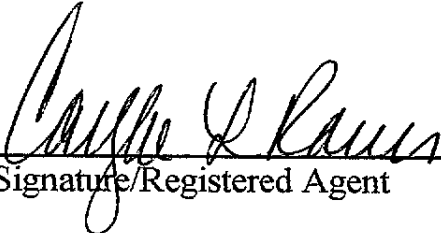



Signature/Incorporator



Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 
Signature/Registered Agent Date

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